

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	10/07/2018 09:18
Date Of Accident	20/06/2018 00:00
Exact Location Of Accident	JUNC OF AMK AVE 5 & AMK AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW2608S
Insured/Policyholder	
Name Of Registered Owner	DZAKARIAH HILMI BIN JIMMY
NRIC No	S9839710H
Email Address	DZAKHILMI21@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90559848
Alternative Phone No	OTHERS-90559848

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101420656
Cover Note Number	

Driver

Name of Driver	DZAKARIAH HILMI BIN JIMMY
NRIC No	S9839710H
Date Of Birth	21/11/1998
Occupation	INDOOR
Date Of Driving Pass	15/03/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90559848
Fax Number	
Contact Number	OTHERS-90559848
EEmail Address	DZAKHILMI21@GMAIL.COM

Address	BLK 14 MERPATI RD #05-69
Postcode	370014
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NUR DIANA BINTE NGADIA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180620/2148

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ2990Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	DZAKARIAH HILMI BIN JIMMY
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FW2608S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	NUR DIANA BINTE NGADIA
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FW2608S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")


(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

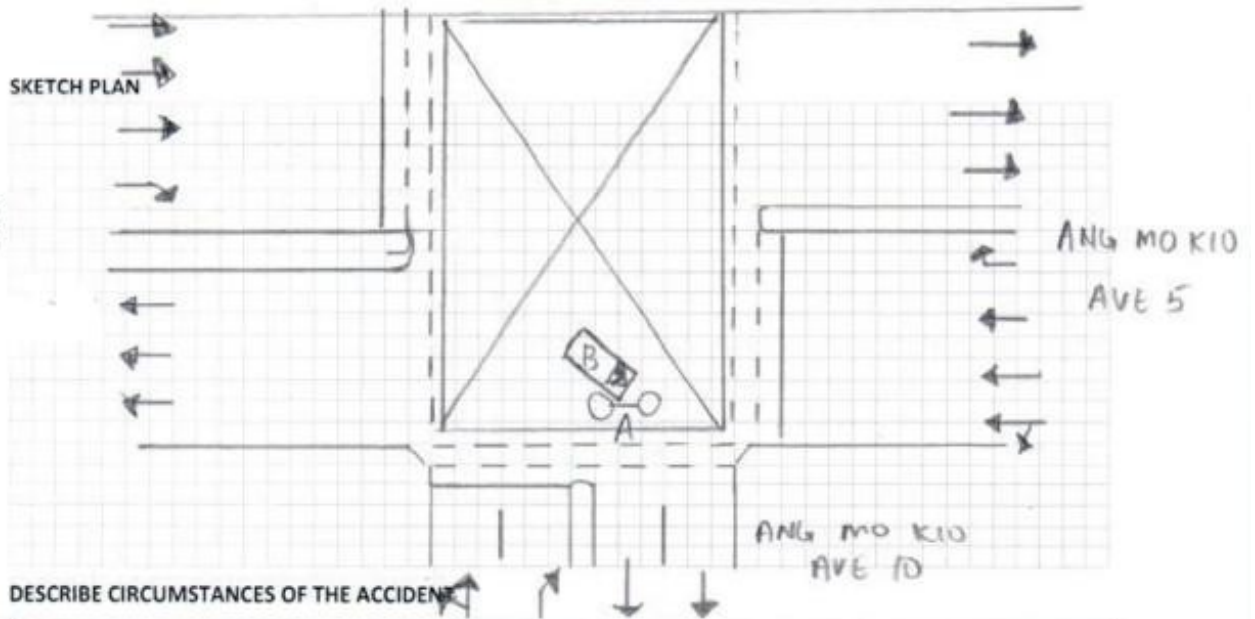
(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(e) the information so collected under (d) above may be shared / disclosed:

- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.


 10/07/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Sketch Plan



Pls refer to the police report: T/20180620/2148

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

5/7/18

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

10/07/18

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180620/2148

2 of 4

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20180620/2148

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	DZAKARIAH HILMI BIN JIMMY	ID No.	S9839710H
Related Vehicle	FW2608S (Motorcycle)	Contact No.	90559848
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	20/06/2018	Date Discharge	20/06/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Pillion			
Name	NUR DIANA BINTE NGADIA	ID No.	T0006085I
Related Vehicle	FW2608S (Motorcycle)	Contact No.	88089573
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/06/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

On 20/06/2017 at about midnight, I was riding my motorbike, FW2608S along Ang Mo Kio Avenue 5. As I was approaching the junction of Ang Mo Kio Avenue 5 and Avenue 10, I noticed a white car from the opposite side of Avenue 5 turning towards its right, towards avenue 10. However, upon seeing my motorbike, the vehicle slowed down. I continued to ride on the straight road as the traffic light was still green and the road was clear in front of me. However, when I reached the junction, I suddenly felt a hit from the right side causing my vehicle to flip. My girlfriend was my pillion. I was slightly conscious as such went to assist my girlfriend as she was unconscious. Nearby there was another vehicle, and the driver came to my assistance as well. I then learnt that the front of the white vehicle had hit onto my right side of my bike. The driver came down and took a look at me and my girlfriend however he did not assist. After a while, ambulance and a police car arrived at the incident location. Subsequently my girlfriend and I was conveyed to Tan Tock Seng Hospital. I suffered abrasion at my lower back, left shoulder, left elbow, left knee and a cut on my left hand near the knuckle area. My girlfriend suffered abrasion on her right arm and both knees. She dislocated her left arm and is still undergoing surgery. I was given 1 week of medical leave.

The driver who assisted me earlier at the scene took down my number, as his car camera caught the accident on record. He then sent the video to me via whatsapp.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



POLICE FORCE



T/20180620/2148

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 4

Report No. T/20180620/2148

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2018 18:54	Vide Report No.:	Station Diary No.: 336
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Informant's Particulars			
Name of Informant: DZAKARIAH HILMI BIN JIMMY		Address: APT BLK 14 MERPATI ROAD #05-69 SINGAPORE 370014	
ID Type / ID No.: NRIC NO / S9839710H		Contact No.: Home/Office: Mobile: 90559848	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 19	Date of Birth: 21/11/1998	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/06/2018 00:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 5 ANG MO KIO AVENUE 10 At the junction of Ang Mo Kio Avenue 5 and Ang mo Kio Avenue 10				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FW2608S	Motorcycle	YAMAHA	RXZ	Purple	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW2608S	NTUC Income Insurance Co-Operative Limited	5101420856	14/06/2018	13/06/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180620/2148

2 of 4

Police Station Of Origin:
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21 Kampong Java Road SINGAPORE
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Tel No: 1800-2959999

Report No. T/20180620/2148

CONTINUATION OF REPORT

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Date Treatment	20/06/2018	Date Discharge	20/06/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious
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Date Treatment	20/06/2018	Date Discharge	NIL
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Police Report



**SINGAPORE
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T/20180620/2148

3 of 4

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CONTINUATION OF REPORT



Police Station Of Origin:
Kampong Jawa N.P.C
21 Kampong Jawa Road SINGAPORE
228892
Tel No. 1800-2950000